

## 2016 GENERAL ELECTION CANDIDATE WITHDRAWAL

State Form 46416 (R13 / 9-15) Indiana Election Division

 $(IC\ 3-8-2-2.7,\ 3-8-2-2.5-4;\ 3-8-5-10.5,\ 3-8-5-14.5,\ 3-8-6-13.5,\ 3-8-7-17,\ 3-8-7-20,\ 3-8-7-21,\ 3-8-7-28)$ 

**INSTRUCTIONS:** This form is used by a nominee chosen in a primary, nominated by petition, or chosen by a convention who wishes to remove the nominee's name from the general election ballot. This form is also used by a write-in candidate who wishes to withdraw.

**DEADLINE:** Except as otherwise provided by law, this withdrawal must be received by the official with whom the Declaration of Candidacy or Petition of Nomination was filed *(circuit court clerk or the Indiana Election Division)* by NOON, July 15, 2016, **if nominated at the primary election, party convention, or by petition of nomination**. A write-in candidate (for an office other than school board) must file this form by NOON, July 15, 2016.

For School Board offices: A school board candidate (including a write-in candidate for that office) must file this form by NOON, August 29, 2016.

For Small Town offices: A candidate who files a declaration of candidacy for a town office in a town with a population of less than 3,500 may withdraw by filing this statement by NOON, August 1, 2016. A candidate nominated by a town convention must file this withdrawal with the circuit court clerk or town election board no later than NOON, 3 days after the adjournment of the town convention. A candidate for city or town office in a municipal election year uses CAN-46 form to withdraw.

To the Clerk of	Circuit Court, the Lake or	Tippecanoe County Board of
Elections and Registration, or Indiana Election Division:		
CANDIDA	ATE WITHDRAWAL	
(1) I, Insert name on previousl		the undersigned,
Insert name on previousl	y filed candidacy	
withdraw as a candidate of the		Party for nomination to the office of
, Dis	trict	(if any) to be voted on at the
general election to be held on November 8, 2016.		
(2) My residence address is:		
		Indiana
Complete Residence Address Must Be Inserted	City	, Indiana ZIP Code
(3) I request that you act under IC 3-8-7-17 or IC 3-8-7-2 name from the ballot as the nominee of the above mention		county election board to remove my
Signature	// Date Signed (MM/DD/YY)	Telephone Number
CERTIFICATE OF	- ACKNOWLEDGMENT	
STATE OF INDIANA	)	
COUNTY OF	) SS: )	SEAL
Before me, the undersigned, a notary public (or other officer authorized	to take acknowledgments) in and fo	r
	County and the State of Indiana, p	personally appeared
	_, the above-named candidate, and	acknowledged the execution
of the above and foregoing instrument. Witness my hand and official se	al this day of	, 2016.
Notary Public or Other Official Administering Oath according to	IC 33-42-4-1	

My Commission expires (applies only to Notary Public): \_\_\_\_\_\_ County of Residence: